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Chola MS GENERAL INSURANCE

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)		Policy Clause Number
1	**Name of Insurance Product/Policy**	**Chola Credit Link Daily Benefit Policy**		
2	**Policy Number**	<<Policy Number>>		
3	**Type of Insurance Policy**	Benefit		
4	**Sum Insured (Basis) (Along with Amount)**	Individual Sum Insured - Where each member has a separate sum insured under the policy		Not Applicable
		Insured Name	**Sum Insured (SI) (in Rs.)**	
		<<Insured 1>>	Rs.	
5	**Policy Coverage (What the Policy covers?) (Policy Clause Number/s)**	**Base Covers:**		
		1. Daily Benefit for Normal Hospitalisation - Sickness		Base Cover 3.1
		2.Daily Benefit for Normal Hospitalisation – Accident		Base Cover 3.2
		3.Daily Benefit for ICU Hospitalisation – Sickness		Base Cover 3.3
		4.Daily Benefit for ICU Hospitalisation – Accident:		Base Cover 3.4
		Optional covers		
		1.Convalescence Benefit		Optional Cover 5.1
		2.Accompaniment Benefit for Insured person age above 60 years		Optional Cover 5.2
		3.Child Birth Benefit		Optional Cover 5.3
		Endorsement No.1 - All Day Care Procedures Benefit:		6 Endorsement
		The benefit applicable to the Insured under the policy will depend on the plan and Sum Insured opted and as mentioned in the Policy Schedule		
6	**Exclusions (What the policy does not cover)**	The policy does not cover any losses caused directly due to the following		
		GENERAL EXCLUSIONS		
		Investigation & Evaluation – Code – Excl04: a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded		8 General Exclusions 1
		2. Rest Cure, rehabilitation and respite care – code – Excl05: a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.		8 General Exclusions 2
		3.Obesity/Weight Control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) Greater than or equal to 40 or b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe sleep Apnea iv. Uncontrolled Type2 Diabetes		8 General Exclusions 3
		4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. Code – Excl07.		8 General Exclusions 4
		5. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. Code – Excl08		8 General Exclusions 5
		6. Hazardous or Adventure sports: Expenses related to any treatment, necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. Code – Excl09		8 General Exclusions 6
		7. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Code – Excl 10.		8 General Exclusions 7
		8. Excluded Providers: Code-Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim		8 General Exclusions 8
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12.		8 General Exclusions 9
		10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code-Excl13.		8 General Exclusions 10
		11. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. Code – Excl14.		8 General Exclusions 11
		12. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15		8 General Exclusions 12
		13. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code –Excl16		8 General Exclusions 13
		14. Sterility and Infertility: Code – Excl17: Expenses related to Sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii)Gestational Surrogacy (iv) Reversal of sterilization		8 General Exclusions 14

		15. Maternity: Code – Excl18:i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy. ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	8 General Exclusions 15
		16. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.	8 General Exclusions 16
		17. Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane.	8 General Exclusions 17
		18. The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not).	8 General Exclusions 18
		19. All hospitalisation caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel	8 General Exclusions 19
		20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).	8 General Exclusions 20
		21. Vaccination or inoculation unless forming a part of post-animal bite treatment	8 General Exclusions 21
		22. Sexually transmitted disease or illness.(other than HIV)	8 General Exclusions 22
		23. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.	8 General Exclusions 23
		24. Any external congenital diseases, defects or anomalies	8 General Exclusions 24
		25. Any expenses incurred towards hearing aids, eyeglasses or contact lenses	8 General Exclusions 25
		26. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.	8 General Exclusions 26
		27. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings.	8 General Exclusions 27
		28. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription.	8 General Exclusions 28
		29. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency	8 General Exclusions 29
		30. Treatment as a result of natural Perils like avalanche, earthquake, volcanic eruptions.	8 General Exclusions 30
		31. Treatment other than Allopathy and AYUSH	8 General Exclusions 31
7	**Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage**	**Initial Waiting Period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	7.3
		Specific Waiting Periods (Not applicable for claims arising due to an accident):a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply. d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. f. List of specific diseases/procedures are as below; a. Congenital Internal Anomaly b. Varicose veins and Varicose Ulcers c. Rheumatism and arthritis of any kind d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum e. Stones in the Urinary and Biliary systems f. Gastric or Duodenal Ulcer g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders i. Cataract j. Benign Prostatic Hypertrophy k. Myomectomy, Hysterectomy unless because of malignancy l. Dilatation and curettage (D&C) m. Anal Fistula, Fissure and Piles n. All types of Hernia o. Hydrocele p. Chronic Renal Failure q. Joint replacement Surgery unless because of accident	7.2
		Pre-existing Diseases: Covered after 36 consecutive months under the policy	7.1
8	**Financial limits of coverage**	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:	
		Not Applicable	
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Not Applicable	
	iii. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable	

	iv. Any other limit (as applicable)	Not Applicable	
	Claims / Claims Procedure	• **For Cashless Service:** Not Applicable • **For Reimbursement of Claim:** **Claims Notification:** Claim Intimation must be provided to the Insurer within 7 days from the date of diagnosis/occurrence of the event by telephone through toll free number (1800-208-9100) or in writing by email (customercare@cholams.murugappa.com) / letter). **Claim Documentation:** Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from the date of loss	9 General Condition 16
		Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document	
		TAT for Pre-authorisation of cashless facility - Not Applicable	
		TAT for cashless final bill authorisation - Not Applicable	
		Network Hospital details: Not Applicable	
		Helpline Number: For any assistance on claims, please contact us at our toll-free number: 1800-208-9100	
		Hospitals which are excluded or from where no claims will be accepted by Insurer - Refer to our website www.cholainsurance.com or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals.	
		Downloading/getting claim form: Please visit our website www.cholainsurance.com and download the claim form or write to us at customercare@cholams.murugappa.com or call us at 1800-208-9100	
10	**Policy Servicing**	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com	Section 10 -Grievances Redressal Mechanism
11	**Grievances / Complaints**	Procedure of Grievance Redressal .Please write to customercare@cholams.murugappa.com to registeryour complaint. .In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products) .On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details. .In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix. Escalation Matrix .In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number) .In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number) .If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices	Section 10 -Grievances Redressal Mechanism
12	**Things to remember**	**Free Look Cancellation:** Not Applicable	
		Policy renewal:- Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied. This policy can be renewed subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy. **Automatic Termination:** This policy shall terminate immediately with reference to any Insured Person on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule. a) the expiry date mentioned in the Policy Schedule/Policy Certificate, b) In case of death of the Insured c) The date of cancellation of this Policy by either Policy holder or Insured or Insurer in accordance with the terms and conditions of the policy. d) Upon exhaustion of daily benefit amount chosen in the Policy schedule/Policy certificate e) Upon exhaustion of number of days chosen in the policy schedule/Policy certificate	9 General Conditions 15 /9. General Conditions 26
		Migration: Not Applicable	
		Portability - Not Applicable	
		Change in Sum Insured: Not Applicable	
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	9 General Conditions 28
13	**Your Obligations**	Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, misdescription or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable. Insured can contact our toll free no. 1800 208 9100 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.	